

Proposed 2005-07 Policy Initiative

Name of Initiative	State Policy Agenda for Health Disparities
Sponsor	Health Disparities (proposed)
Lead Staff	Tara Wolff, Craig McLaughlin
Other Committees	
Summary	Help convene, staff, and provide leadership on interagency workgroup to develop executive branch coordinated strategy for addressing health disparities. Possibly serve as lead for writing up collaborative plan.
SHR Strategic Direction	<input type="checkbox"/> Maintain and improve the public health system <input type="checkbox"/> Ensure fair access to critical health services <input type="checkbox"/> Improve health outcomes and increase value <input checked="" type="checkbox"/> Explore ways to reduce health disparities <input type="checkbox"/> Improve nutrition and increase physical activity <input type="checkbox"/> Reduce tobacco use <input type="checkbox"/> Safeguard environments that sustain human health
Governor's Initiatives	<input type="checkbox"/> Cost Containment <input type="checkbox"/> Cover all Kids by 2010 <input checked="" type="checkbox"/> Healthiest State in the Nation
Possible Partners	DSHS, DOH, HCA, OSPI, Governor's Office of Indian Affairs, Commission on African American Affairs, Commission on Asian/Pacific Islander Affairs, Commission on Hispanic Affairs, American Indian Health Commission, Washington Health Foundation, US Department of Health and Human Services, DOE, Local Health Jurisdictions, Associations of City and County officials, Non-profit social services organizations, and civil rights groups (such as Urban League, United Farm Workers, etc.)
Criteria	<input checked="" type="checkbox"/> Does the issue involve multiple agencies? <input checked="" type="checkbox"/> Can a measurable difference be made? <input checked="" type="checkbox"/> Prevalence, severity and availability of interventions <input type="checkbox"/> Level of public input/demand <input checked="" type="checkbox"/> Does it involve the entire state? <input checked="" type="checkbox"/> Does the Board have statutory authority? <input checked="" type="checkbox"/> Do the resources exist to deal with the issue? <input checked="" type="checkbox"/> Does the Board have a potentially unique role?

Problem Statement

Healthy People 2010, the federal strategic plan, makes reducing health disparities one of the nation's top two health priorities. In December 2003, the Agency for Health Care Research and Quality's *National Health Disparities Report* identified disparities in health care for "priority populations"—women, children, elderly, people of color, low-income groups, and people with special health care needs. In its *2001 Final Report on Health Disparities* this Board identified major health disparities in this state. More detailed data on Washington State health disparities appear in the *The Health of Washington State 2004 Supplement*, which assesses disparities by race, ethnic group, poverty, and education.

The federal government has strongly encouraged states to develop plans for addressing health disparities. Several states have done so. In Washington State, there are numerous examples at DOH and other agencies of individual programs designed to address health disparities, but there is no document that articulates a coordinated strategy for the state. There is nothing comparable, for example, to the statewide plans for addressing asthma, tobacco, and nutrition and physical activity (there is, however, a strategic plan for identifying and eliminating tobacco-related disparities).

State government has been paying increasing attention to health disparities this year. The Legislature's Joint Select Committee on Health Disparities has been meeting over the past 12 months. Its final report, due in December, is expected to recommend that executive agencies develop a coordinated statewide strategy. On September 30, the Governor's minority affairs commissions will be hosting a Health Disparities Summit, along with numerous partners including the State Board of Health. The Governor will address the summit. Many of the groups working on organizing the event have expressed interest in continuing to work after the summit on a health disparities plan for the state. In interviews with Board staff, agency leaders have also indicated support for developing a coordinated strategy.

Potential Strategies

Convene an interagency work group (health agencies, OSPI, minority commissions, Governor's policy staff) to develop a statewide plan for addressing health disparities. Consult with other partners (such as legislative select committee, foundations, advocacy organizations, NGOs representing and/or serving communities of color, etc.).

Criteria

Does the issue involve multiple agencies?

Yes—all health-related agencies and the minority commissions.

Can a measurable difference be made?

Yes. The first measure would be a process measure—namely, completion and implementation of a statewide plan. The plan itself would probably contain outcome measures—such as measurable reductions.

Prevalence, severity, and availability of interventions

The prevalence and severity of health disparities is well documented. Specific information is available in the *The Health of Washington State 2004 Supplement*. A Commonwealth Fund report has documented a number of state-based policy initiatives that have a potential to make a difference.

Level of public input/demand

Many believe that the public is not sufficiently aware of the extent of health disparities. However, on September 30, the Governor's minority affairs commissions will be hosting a Health Disparities Summit. One of the summit's primary goals is to build support for addressing health disparities among communities of color.

Does it involve the entire state?

Yes.

Does the Board have statutory authority?

Yes. The Board has already established itself as a statewide leader in health disparities work through its efforts to increase the diversity of the health care workforce. The Board has broad authority to "explore ways to improve the health status of the citizenry."

Do the resources exist to deal with the issue?

Yes. There is a high level of interest in developing a statewide strategy at this time, and it is very likely that a broad coalition could be assembled. Such a coalition could bring many resources to bear. The Commonwealth Fund has already assembled an inventory of state policies to address health disparities. The coalition could draw on this documents as well as plans developed by other states, such as the Commonwealth of Massachusetts.

Does the Board have a potentially unique role?

Yes. The Board works well as a convener and this is an area in which it is already recognized as a leader.